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**REQUEST
 FOR
 CONTINUED EXAMINATION (RCE)
 TRANSMITTAL**

Address to:
 Commissioner for Patents
 Box RCE
 Washington, DC 20231

Application Number	09/838,083
Filing Date	April 19, 2001
First Named Inventor	Woo Sik Yoo
Art Unit	3652
Examiner Name	Charles A. Fox
Attorney Docket Number	M-11439 US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
 Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114**

- a. Previously submitted
 - i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on DEC 31 2002
(Any unentered amendment(s) referred to above will be entered).
 - ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. Other _____
- b. Enclosed
 - i. Amendment/Reply
 - ii. Affidavit(s)/Declaration(s)
 - iii. Information Disclosure Statement (IDS)
 - iv. Other Return postcard Transmittal Sheet

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2. **Miscellaneous**

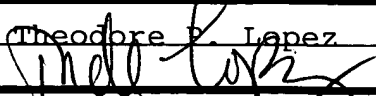
- a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-2257
 - i. RCE fee required under 37 CFR 1.17(e) 12/27/2002 SFELEKE1 00000067 502257 09838083
 - ii. Extension of time fee (37 CFR 1.136 and 1.17) 01 FC:2801 370.00 CH
 - iii. Other _____
- b. Check in the amount of \$ _____ enclosed
- c. Payment by credit card (Form PTO-2038 enclosed)

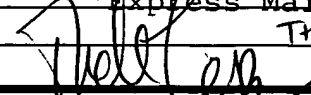
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	<u>Theodore P. Lopez</u>	Registration No. (Attorney/Agent)	<u>44,881</u>
Signature		Date	<u>December 23, 2002</u>

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below. Express Mail Label No. EV 174 798 996US

Name (Print/Type)	<u>THEODORE P. LOPEZ</u>
Signature	
Date	<u>December 23, 2002</u>

Burden Hour Statement: This form is estimated to take 0.2 hour to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.



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December 23, 2002

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BOX RCE
Commissioner For Patents
Washington, D.C. 20231

Re: Applicant(s): Woo Sik Yoo
Assignee: WaferMasters, Inc.
Title: Wafer Transport System and Method
Serial No.: 09/838,083
Examiner: Charles A. Fox
Docket No.: M-11439 US
Filed: April 19, 2001
Group Art Unit: 3652

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (in duplicate);
- (3) Request for RCE;
- (4) Response to Final Office Action and Advisory Action (8 pages).

- No additional fee is required.
- The fee has been calculated as shown below:

FILING FEES

	Claims Remaining <u>After Amendment</u>		Highest No. Previously <u>Paid For</u>		Present <u>Extra</u>		Rate		Additional Fee	
Total Claims	18	Minus	20	=	0	x	\$18.00	\$	0	
Independent Claims	3	Minus	4	=	0	x	\$84.00	\$	0	
<input type="checkbox"/>	Fee of _____ for the first filing of one or more multiple dependent claims per application								\$	
<input type="checkbox"/>	Fee for Request for Extension of Time								\$	
Total additional fee for this Amendment:									\$	
<input checked="" type="checkbox"/>	Request for Continued Examination (RCE) Fee								\$	\$370.00
<input checked="" type="checkbox"/>	Please charge our Deposit Account No. 50-2257 in the amount of								\$	<u>370.00</u>
<input checked="" type="checkbox"/>	Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 50-2257								\$	
Total:									\$ <u>\$370.00</u>	

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Respectfully submitted,

Theodore P. Lopez
Attorney for Applicants
Reg. No. 44,881